



Thomas D. Clinton
Commissioner of the Revenue
City of Falls Church
300 Park Avenue, Suite #104E
Falls Church, Virginia 22046-3301

Certificate of Legal Residence

(Domicile)

This Certificate must be filed by all persons claiming exemption from taxation in the State of Virginia under the Soldiers' and Sailors' Civil Relief Act. The vehicle(s) must be titled only in the name of the active military member in order to claim exemption from personal property taxes.

I, _____
(Last) (First) (Rank) (Serial #) (Branch of Service)

_____ am a legal resident of the State of: _____ County of: _____,
(Social Security #)

_____. My legal residence is: _____
(County Seat) (Street #) (Street Name) (City)

_____.
(State & Zip Code)

My spouse's name is: _____
(Full Name) (Social Security #)

It is my present intention to return to my stated place of legal residence at the termination of my military service.

I am temporarily in the State of Virginia for military duty, residing at: _____
(Street #) (Street Name)

_____ and I request that my tangible personal
(City) (County)

personal property be assessed in the State and County of my legal residence, as provided for by Section 514 (Amended) of the Soldiers' and Sailors' Civil Relief Act. Estimated value of personal property located in the State of Virginia is \$_____. None of the personal property described above is used in nor arises from a trade or business.

My state income tax is paid to the State of: _____.

I am (am not) (please circle) a registered voter in that state and have not registered to vote at any other place.

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____ (Signature)

_____ (Signature of Officer administering oath) _____ Officer's Title

WHEN COMPLETED, PLEASE RETURN ORIGINAL TO THIS OFFICE. A XEROX COPY OF MILITARY ID MUST BE ATTACHED.

The Office of the Commissioner of the Revenue can be reached by phone at: (703) 248-5017 or by fax: (703) 248-5212 or by e-mail at: commissioner@fallschurchva.gov. Our office hours are from 8am – 5 pm Monday through Friday.



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Acting Commander Verification

(to be completed by the Acting Commanding Officer)

I, _____, am Acting Commander
(Last Name) (First Name) (Rank) (Branch of Service)

for: _____
(Last Name) (First Name) (Serial #)

I certify that he/she is on active duty status in the military.

His/her home of record is: _____
(State)

Commanding Officer's mailing address is: _____
(Street)

(City) (State) (Zip Code)

I can be contacted at: _____, or alternatively at: _____
(Phone Number) (E-mail Address)

or by fax machine at: _____
(Fax Number)

_____ (Signature)

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